

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-028585

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 386

Primary Registration District No. 3029

Registrar's No. 369

FILED AUG 10 1965

VS 300
Rev. 4/59

10581
20581
3
4 1
5 2
6
7 0
8 0
9 443X
10
11
12 4-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		c. CITY OR TOWN MARCELINE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		d. STREET ADDRESS (If outside, give location) 516 N. MISSOURI	
3. NAME OF DECEASED (Type or print) First Middle Last LEONA (WADE) ALLEN		4. DATE OF DEATH Month Day Year AUG. 6 1965	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-29-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CARROLLTON MO
13a. FATHER'S NAME FRANCIS M. WADE		13b. MOTHER'S MAIDEN NAME MISSOURI E. EDWARDS	14. NAME OF HUSBAND OR WIFE DAN ALLEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address MRS. JULE WADE FT. MADISON IA.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Embolism DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) 443		INTERVAL BETWEEN ONSET AND DEATH 465X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1958 to 8-6-65 and last saw her alive on 8-6-65 Death occurred at 6-00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Marceline M. Miller-Tillotson 22c. DATE SIGNED 8-6-65	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-8-65	23c. NAME OF CEMETERY OR CREMATORY ROTHVILLE CEM.	23d. LOCATION (City, town, or county) (State) ROTHVILLE MO.
24. FUNERAL DIRECTOR ADDRESS MILLER-TILLOTSON MARCELINE		25. DATE RECD. BY LOCAL REG. 8-7-65	26. REGISTRAR'S SIGNATURE Marceline M. Miller-Tillotson

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 13 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leburn K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marceline
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.